APPLICATION NUMBER	FILING DATE	CLASS	SUBCLASS	GROUP ART UNIT	EXAMINER	
	•	./	Cha	_		
	. ,	NO.	Pe			
						BEST
						BEST AVAILABLE C
	·		(FACE)			LABLE
						CO
						8
	·					
				·		

NOTICE OF ALLOWANCE MAILED			CLAIMS ALLOWED					
		Assistant Examiner	Total Claims		Print Claim for O.G			
ISSUE FEE			DRAWING					
Amount Due	Date Paid		Sheets Drwg.	Figs.Drwg.	Print Fig.			
	<u> </u>	Primary Examiner						
TERMINAL		PREPARED FOR ISSUE	Application Examiner					
	DISCLAIMER	WARNING: The information disclosed herein may be restricted. Unauthorized disclosure may be prohibited by the United States Code Title 35, Sections 122, 181 and 368, Possession outside the U.S. Patent & Trademark Office is restricted to authorized employees and contractors only.						
		FILED WITH: DISK	(CRF)		CD-ROM			